

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH

1. County of Gila
District of Winkelman
Town of Winkelman
or Arizona
City of Winkelman

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 205
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Thelma Acton
If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. ☒ 5. Legitimate? ☒ 6. Date of birth Aug. 24, 1926.
Month Day Year

8. FATHER
Full name Ray Acton
9. Residence Raysch, Pinal County.
(Usual place of abode)
If nonresident, give place and state P.O. Oacle, Ariz.
10. Color or race White
11. Age at last birthday 28 (Years)

14. MOTHER
Full maiden name Martense Dailey
15. Residence Oacle, Ariz.
(Usual place of abode)
If nonresident, give place and state Oacle, Ariz.
16. Color or race White
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Raysch, Pinal County
(State or country) P.O. Mammath, Ariz.
13. Occupation
Nature of industry Farmer

18. Birthplace (city or place) Oacle, Ariz.
(State or country)
19. Occupation
Nature of industry House wife

20. Number of children of this mother (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 2
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Aug. 24, 1926 at 9:30 P.M. on the date above stated.
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature P. M. Butler, M.D.
Address Winkelman, Arizona
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. _____
Filed Sept 5, 1926 _____
Local Registrar. _____
County Registrar. _____
Registrar. _____

315-824-848